

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **13361**

FILED MAY 6 1949

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. CITY (If outside corporate limits, write RURAL and give township) Rolla	
c. LENGTH OF STAY (in this place) Years		d. STREET ADDRESS (If rural, give location) 101 S. Olive St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 101 S. Olive St.			

3. NAME OF DECEASED (Type or Print) SAMUEL WINFREY			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1949		
a. (First)	b. (Middle)	c. (Last)	Date	Month	Year
5. SEX Male		6. COLOR OR RACE 2 - Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 1, 1891		9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	
11. BIRTHPLACE (State or foreign country) Lebanon, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10b. KIND OF BUSINESS OR INDUSTRY Harvey's Cafe					

13a. FATHER'S NAME John Winfrey		13b. MOTHER'S MAIDEN NAME Celia --		14. NAME OF HUSBAND OR WIFE Mrs. Evelyn Winfrey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 1		16. SOCIAL SECURITY NO. 491 24 3638		17. INFORMANT'S SIGNATURE OR NAME Mrs. Evelyn Winfrey	
				ADDRESS Rolla, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 8 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Hypertension			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					331X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rolla Phelps Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Apr 27, 1949, to Apr 27, 1949, that I last saw the deceased alive on Apr 27, 1949, and that death occurred at 10:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE James M. Myers (Degree or title) D. M. D.		23b. ADDRESS Cedar Bluffs, Rolla, Mo.		23c. DATE SIGNED 4/28/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-1-49		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	
				24d. LOCATION (City, town, or county) (State) Rolla, Mo.	

DATE REC'D BY LOCAL REG. 4-30-49		REGISTRAR'S SIGNATURE Nadine L. Stoll		380 25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Mull	
				ADDRESS Rolla, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48
81
22

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 3-6-49

MAY 9 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Paul E. Null

Signed.....
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.